

JUN-15-2005 10:41

MIZELL HOME HEALTH

LHC
GROUP**APPLICATION FOR EMPLOYMENT**

On behalf of the entire LHC Group team, we would like to thank you for your interest in our company. LHC Group is committed to hiring the best in the industry by implementing thorough hiring procedures. Please be assured that all information provided to LHC Group by you, will remain completely confidential. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For <u>LPN</u>	Location/Facility Name <u>Upp (11/12/11)</u>	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Employee Referral
<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Job Fair
<input checked="" type="checkbox"/> Other <u>Yellow Pages</u>		
Last Name <u>Seaman</u>	First Name <u>Crystal</u>	Middle Name <u>De Andrea</u>
Address <u>2825 Bridge Ch. Rd</u>	City <u>Upp</u>	State <u>AL</u>
Zip Code <u>36467</u>	Telephone Number <u>(334) 493-1113</u>	Home <u>NA</u>
Email address <u>NA</u>	Cell <u>(334) 504-1759</u>	Social Security Number <u>826-15-1186</u>

Best time to contact you at home is ☒ Morning ☐ Afternoon ☐ Evening ☐ NightIf you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ NoHave you ever been employed with us before? ☐ Yes ☒ NoIf Yes, give date NA Location NAAre you currently employed? ☐ Yes ☒ NoIf so, may we contact your present employer? ☐ Yes ☐ NoAre you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☒ NoDate available for work 6/20/05 Desired Compensation \$ Will discuss

Desired Status (Select all that apply)

☐ Full Time ☐ Part Time ☐ PRN ☐ Weekend Program ☒ No PreferenceDesired Shift: ☒ Days ☐ Evenings ☐ Nights ☐ Call ☐ No PreferenceCan you travel if a job requires it? ☒ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

 PLAINTIFF'S
EXHIBIT
17a

JUN-15-2005 10:41

MIZELL HOME HEALTH

EMPLOYMENT EXPERIENCE

Please list your employment experience starting with your present or last job. Also please include any job related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
Address	To	From	
NH 112 W. Bull Ave			Bill pass, diag. changes, reading,
Telephone Number(s) 203-4558	6-7-04	3-11-05	tx's, summaries, etc.
Job Title NH Nurse	Supervisor Anita Blazon		
Reason for Leaving Transfer			

Employer	Dates Employed		Work Performed
Address	To	From	
Student 100 W. MacArthur (Campus)			Classroom studies
Telephone Number(s) 413-3573	8-08	6-04	Hospital Clinicals
Job Title Student	Supervisor		
Reason for Leaving Graduated			

Employer	Dates Employed		Work Performed
Address	To	From	
Tam Thunb Store 1300 E. 5th Ave. Florida, AL			Cashier duties, stock,
Telephone Number(s) 858-3387	7-15-02	10-31-01	inventory, cleaning, etc.
Job Title Store Clerk	Supervisor Freddie Davis		
Reason for Leaving School			

Employer	Dates Employed		Work Performed
Address	To	From	
Student Worcester Community College Dalton			Classroom studies
Telephone Number(s)	0-02	1-00	Hospital Clinicals
Job Title Student	Supervisor		
Reason for Leaving Family reasons			

EDUCATION/CERTIFICATION

Highest Level of Education ☐ High School ☒ College/University

1. Name of School LBN McArthur Location LA
 Degree Type: ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD

2. Name of School _____ Location _____
 Degree Type: ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD

Professional Certification/Licensure

1. LBN State Alabama

2. _____ State _____

Additional _____

Has your professional license/certification ever been sanctioned, suspended, or revoked, or are you currently involved in any proceeding that could affect you license or certification? ☐ Yes ☒ No

If yes, please provide the date, location, and disposition of your case:

NA

REFERENCES

1. Name: Terri Stewart RN MSN Phone # 423-3120 (residence)

Address: 615 Gore St App A1

2. Name: Robert McLean Phone # 423-6782 or 423-7841

Address: 221-3 Drive App A1

3. Name: Dr. Bob Williams Phone # 423-7930

Address: App A1

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MIZELL HOME HEALTH

**BACKGROUND SEARCH AUTHORIZATION FORM**

As an applicant for employment with LHC Group, I have been informed that some state laws require a State Police record check be performed on clinical non-professionals and/or professionals prior to employment. However, LHC Group is committed to providing a safe environment for both patients and employees. Therefore, LHC Group requires a background check on ALL EMPLOYEES.

I hereby authorize AccuScreen systems through Larry Bruce Childers and/or Darin N. Morgan, authorized agents under R. S. 1300.51 to perform this check. I hereby hold harmless AccuScreen Systems, Larry Bruce Childers, and Darin N. Morgan, and LHC Group, from any cause of action that may arise from inaccurate information contained in State Police records. I also understand any adverse information contained with the files of State Police and released to the authorized agency will be provided to me upon written request within ten (10) days of receiving notice that a record exists.

Note to Applicant: The purpose of this form is to obtain information for AccuScreen Systems to conduct a background search. The applicant's demographic information will not be considered when making an employment decision.

Applicant's Full Name: Cynthia D. Seaman SS#: 236-15000 Date of Birth: 3-7-70
 Driver's License #: 7079214 State Issued: AL Have you ever been convicted of a crime? Yes ☐ No ☒

Applicant's Complete Current Physical Address: 3045 Birch Ch. Rd. City, State: Opp, AL Zip: 36467

Additional Residences – list below all cities and parishes / counties in which you have resided during the past 7 YEARS ONLY. Please list the dates resided in each city and all last names used while living there DURING THOSE 7 YEARS.

<u>Seaman, AL</u> (City, State)	<u>Geneva</u> (County/Parish)	<u>Seaman</u> (All last names used while living there)	<u>3-01/18-03</u> (Mo-Yr) - (Mo-Yr)
<u>Hartford, AL</u> (City, State)	<u>Geneva</u> (County/Parish)	<u>Seaman</u> (All last names used while living there)	<u>7-99/13-01</u> (Mo-Yr) - (Mo-Yr)
<u>Pithon, FL</u> (City, State)	<u>Pithon</u> (County/Parish)	<u>Seaman</u> (All last names used while living there)	<u>12-89/7-97</u> (Mo-Yr) - (Mo-Yr)

Complete this section only if applicable

LPA Professional License Earned 2-054497 License Number AL State Issuing License 9-23-04 Date Issued

By completing and signing this form you are authorizing AccuScreen Systems access to any active or inactive records.

I request a copy of the completed background check results ☒ Yes ☐ No

Applicant's Signature: Cynthia D. Seaman Date: 3-17-05

Company: LHC Group Position Applying For: LPA

Hiring Supervisor's Name: _____

COMPLETED BY CORPORATE OFFICE**Services Requested**

<input type="checkbox"/> State Background	<input type="checkbox"/> District Court Background
<input type="checkbox"/> Motor Vehicle Record	<input type="checkbox"/> Office of Inspector General
<input type="checkbox"/> Professional License Verification	

HR Staff Requesting Search: _____

Contact Phone #: 1-800-489-1307

CRYSTAL SEAMAN

28045 Beulah Church Road
Opp, Alabama
36467
(334) 493-1113

March 15, 2005

To whom it may concern,

Enclosed is my resume for your consideration for the Practical Nursing position.

I feel that I would be an asset to your healthcare team, as I am proficient in my studies and I am willing to learn. I firmly believe in that the patient should come first, and feel that I could be a wonderful addition to your nursing team. I believe that I have the capabilities you are looking for. I have strong patient care skills. In addition I have had many clinical experiences with top of the line educators in performing the needed procedures that are required to successfully perform the duties for this position.

I would like the opportunity to tell you more about my clinical experiences and how my skills could contribute to the successful day-to-day functioning of your caregiver team. I would appreciate an interview at your convenience. I will be happy to provide strong references at your request.

I look forward to discussing the position with you.

Sincerely,

Crystal Seaman

Crystal Seaman

28045 Beulah Church Road
Opp, Alabama
36467
(334) 493-1113
(334) 504-1759

Objective

Practical Nursing Position

Education

LBW MacArthur Campus 5-03/6-04 *Practical Nursing*
LBW MacArthur Campus 8-02/5-03 *Surgical Technology*
Wallace Community College (Dothan Campus) 1-00/4-01 *Respiratory Therapy*

Clinical Experience

Opp Nursing Healthy and Rehab 6-04/3-05
Mizell Memorial Hospital 1-04/6-04
Andalusia Regional Hospital 8-03/12-03
Opp Nursing Health and Rehab 4-03/8-03

Relevant Experience

Wiregrass Medical Center 1-03/4-03 (*Surgical Technology studies*)
North Okaloosa Regional Hospital 8-02/1-03 (*Surgical Technology studies*)
Flowers Hospital 8-00/4-01 (*Respiratory Therapy studies*)
Southeast Alabama Medical Center 8-00/4-01 (*Respiratory Therapy studies*)

Accomplishments

- ❖ Successful completion of examinations including blood pressure readings, specimen collection, patient assessment and history, and patient care.
- ❖ Provided patient care, took vital signs, administered medications, assigned to assist patients with activities of daily living.
- ❖ Successful completion of Basic Life Support program for certification by the American Heart Association, "Healthcare Provider" certification received.
- ❖ Working on a team of healthcare providers in the facility setting.

References Available Upon Request

CRYSTAL SEAMAN, LPN

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(334) 493-1113

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References Available Upon Request

It is the policy of Horizon Health Network to provide employment opportunities without regard to race, color, religion, sex, national origin, age or disability. This application is to be active for a period of one year only. Any application submitted incomplete will not be considered for available positions.



Post Office Drawer 2127
Dothan, AL 36302



EMPLOYMENT APPLICATION

Position Applying For: LPd

Office Location(s): Will discuss

DATE: 3-18-05

NAME: Cynthia D. Swann SOCIAL SECURITY # 936-15 0281

CURRENT ADDRESS: 28045 Beulah Church Rd. Opp AL 36467
Street City State Zip code

TELEPHONE: 403-1113 or 504-1759

If you have lived at the above address for less than 12 months, list your previous address:

NA
Street City State Zip Code

Are you at least 18 years old: YES NO (CIRCLE ONE)

Do you have adequate means of transportation to get to work on time each day and when called in on short notice if placed "on call"? YES NO (CIRCLE ONE)

Have you been convicted of any criminal offense other than traffic violations within the past seven years? YES NO (CIRCLE ONE)

Have you been confined following a conviction for any criminal offense within the last seven years? YES NO (CIRCLE ONE)

Have you ever been sanctioned by any governmental payor (such as Medicare, Medicaid, or Champus)? YES NO (CIRCLE ONE)

If your response to any of the preceding three questions was: "YES", give the date, place, and nature to each action, conviction or pending charge. (The existence of a conviction will not necessarily preclude you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the time of release from confinement will be considered.)

NA

How did you hear about the position? 2.H.

Date you can begin work: 3-25-05

Overtime may be required, does this pose a problem for you? YES ☐ NO ☒ (CIRCLE ONE)

Have you ever been employed by this company? YES ☐ NO ☒ (CIRCLE ONE)

If yes, give position(s) and date(s) you worked: AK

Would you accept part-time work? YES ☒ NO ☐ (CIRCLE ONE)

Would you accept temporary work? YES ☒ NO ☐ (CIRCLE ONE)

List any relatives working for us: None

Special skills you possess (include any special skills from military service): Alone skills, fast learner, good listener, willingness to accept.

Identify skills related to business machines and/or medical equipment you can operate (computer, computer software, computer programs, calculator, billing machine, and medical equipment):

Calculator, some computer skills, some AL skills

Typing: Approximately unknown WPM Shorthand: Approximately NA WPM

Long range occupational goals: be the best nurse I can, be caring, considerate, professional.

EDUCATION	Did you finish? If not, highest level	Name of school and location	Graduation Date	Certification and/or degrees
High School	<u>Yes</u>	<u>No. Maxion FL</u>	<u>1988</u>	<u>Diploma</u>
College	<u>Yes</u>	<u>LBW OPP</u>	<u>6-14</u>	<u>LPN</u>
School of Nursing	<u>Yes</u>	<u>LBW OPP</u>	<u>6-04</u>	<u>LPN</u>
Special School or Training	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

(Amount of education considered necessary will vary according to the job position)

Professional License and Certification:

Type	State	Date Issued	Number
<u>LPN</u>	<u>AL</u>	<u>9-23-04</u>	<u>2-054097</u>

Have any disciplinary actions or investigation been initiated or are any pending against you by any state licensure board YES ☐ NO ☒ (CIRCLE ONE)

Has your license to practice in any state ever been challenged, denied, limited, suspended, revoked, voluntarily or involuntarily relinquished? YES ☐ NO ☒ (CIRCLE ONE)

If the answer to either of the above questions is "yes" please provide full explanation of the details on a separate sheet and attach.

EMPLOYMENT HISTORY

List all previous employers for whom you have worked in the last ten years. (List in order, last or present employer first. Attach an extra sheet if necessary.) Please indicate full name used at time of hire and at time of termination at each place of employment.

1)	Employer Name: <u>AMS</u>	Phone: <u>493-4558</u>
	Employer Address: <u>15 W. Park Ave.</u>	
	Name used during employment: <u>Crystal Saman</u>	Date(From-To): <u>6/24/91-10/15/91</u>
	Rate of Pay (Start/Finish): <u>\$4.15 / \$6.15</u>	Supervisor Name & Title: <u>Arleta Peterson, Dpt</u>
	Reason for leaving: <u>Transfer / wanted me to bring students</u>	
	State position held and describe work you did: <u>Charge Nurse / Med pass, pt care, MARs, tx, T&R, body audits, etc.</u>	
2)	Employer Name: <u>LBN MacArthur</u>	Phone: <u>493-3573</u>
	Employer Address: <u>Opp, AL</u>	
	Name used during employment: <u>Crystal Saman</u>	Date(From-To): <u>8-02/91-04/91</u>
	Rate of Pay (Start/Finish): <u></u>	Supervisor Name & Title: <u>Marion Coker, Rn</u>
	Reason for leaving: <u>Graduated</u>	
	State position held and describe work you did: <u>Student / Classroom studies, Hospital Clinicals (Med-Surg, F&G, ER, etc.)</u>	
3)	Employer Name: <u>Tom Thumb Shoes</u>	Phone: <u>858-3327</u>
	Employer Address: <u>1300 E. 5th Ave. Elvada</u>	
	Name used during employment: <u>Crystal Saman</u>	Date(From-To): <u>10-31-01/7-15-02</u>
	Rate of Pay (Start/Finish): <u>\$6.15 / \$7.45</u>	Supervisor Name & Title: <u>Mike Dwyer, Cox</u>
	Reason for leaving: <u>Return to school full-time</u>	
	State position held and describe work you did: <u>Cashier/Clerk, stock, inventory, cleaning, etc.</u>	
4)	Employer Name: <u>Wallace Community College</u>	Phone: <u></u>
	Employer Address: <u>Dorhan, AL</u>	
	Name used during employment: <u>Crystal Saman</u>	Date(From-To): <u>1-00/5-02</u>
	Rate of Pay (Start/Finish): <u></u>	Supervisor Name & Title: <u>Tim Turkey, RRT</u>
	Reason for leaving: <u>Relocated</u>	
	State position held and describe work you did: <u>Respiratory Student / Classroom studies, hospital clinicals</u>	

May we contact employers listed above?

YES

NO (Circle ONE)

If no, indicate below which one(s) we should not and why?

NA

List any past employment experience, skills or qualifications you believe would be of value if you are hired or summarize any additional information necessary to describe your full qualification:

Good people skills, good listener, fast learner, determination.
Grew up around long-term care. Love to care for people.

Comments regarding lapses, if applicable:

Before I was an @ home
N/A

Personal References (not former employers or relatives)

Name and Occupation	Address	Phone Number
Jean Stewart, RN, MN	1556 G St. NE, App A1	493-3120
Roger Mahan	Yellow Dr. App	493-6772 (w) 493-7821 (home)
Dr. Bob Williams, MD	App, A1	493-7930

I hereby state the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits and my work performance while in their employ. In making application for employment, I understand that an investigative report may be made by a consumer-reporting agency. By signing this document, I hereby expressly authorize Horizon Health Network to obtain information regarding my credit worthiness, standing or capacity, character, general reputation, personal characteristics and mode of living, which ever may be applicable. I understand that Horizon Health Network may obtain consumer reports, perform drug test, screen references, and do any criminal background screenings as permitted by law. I understand that such information may be used by Horizon Health Network in making a decision regarding my employment. If such an investigative report is made, I understand that I will receive notice that such a report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I understand and agree that any employee handbook which I may receive will not constitute an employment contract but will be merely a gratuitous statement of Horizon Health Network's current policies.

I understand that if offered a position, I may be required to submit to pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY HORIZON HEALTH NETWORK, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR HORIZON HEALTH NETWORK WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATION OF HORIZON HEALTH NETWORK.


SIGNATURE

3-18-05
DATE

CONSENT FOR BACKGROUND INVESTIGATIONS

I, Crystal Seaman (applicant name), hereby authorize HORIZON HEALTH NETWORK and/or its agents to make an independent investigation of my background, references, character, past/present employment, education, credit, motor vehicle records, criminal and police report, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and/or obtaining other information which may be material to my qualifications.

I understand that HORIZON HEALTH NETWORK and/or its agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, under the guidelines set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand that the (*optional) information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation.

Crystal DeAndrea Seaman
 APPLICANT'S FULL LEGAL NAME (PLEASE PRINT FIRST, MIDDLE, LAST NAME "CLEARLY") COMPLETE ALL INFORMATION

Sutton
 MAIDEN NAME (AND/OR ANY OTHER NAMES USED) NICKNAME

3-9-70 F W 236-15-0086
 *DATE OF BIRTH *SEX *RACE SOCIAL SECURITY NUMBER

707924 AI 7-12-07
 DRIVERS LICENSE NUMBER STATE OF LICENSE EXPIRATION DATE

28015 Beulah Ch. Rd. Emp. AI 38467 2 yrs.
 PRESENT ADDRESS CITY/STATE/ZIP HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

783 Gopher Ridge Rd. Emp. AI 2 1/2 yrs.
 FORMER ADDRESS CITY/STATE/ZIP HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

Hoboken AI 1 1/2 yrs.
 FORMER ADDRESS CITY/STATE/ZIP HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

Star Rt 1 Box 70 Polkton, FL 11 yrs.
 FORMER ADDRESS CITY/STATE/ZIP HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

FORMER ADDRESS CITY/STATE/ZIP HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

Crystal Seaman 3-18-05
 APPLICANT'S SIGNATURE DATE

WITNESSED: _____

CRYSTAL SEAMAN, LPN

28045 Beulah Church Road
Opp, Alabama
36467
(334) 493-1113

March 15, 2005

To whom it may concern,

Enclosed is my resume for your consideration for the Practical Nursing position.

I feel that I would be an asset to your healthcare team, as I am proficient in my studies and I am willing to learn. I firmly believe in that the patient should come first, and feel that I could be a wonderful addition to your nursing team. I believe that I have the capabilities you are looking for. I have strong patient care skills. In addition I have had many clinical experiences with top of the line educators in performing the needed procedures that are required to successfully perform the duties for this position.

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I look forward to discussing the position with you.

Sincerely,

Crystal Seaman



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Objective

Practical Nursing Position

Education

LBW MacArthur Campus 5-03/6-04 *Practical Nursing*
LBW MacArthur Campus 8-02/5-03 *Surgical Technology*
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- ❖ Successful completion of examinations including blood pressure readings, specimen collection, patient assessment and history, and patient care.
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- ❖ Working on a team of healthcare providers in the facility setting.

References Available Upon Request

Gentiva
HEALTH SERVICES

Type or print clearly. This form should be completed carefully and fully. It is essential that we have complete information regarding your training and experience. Please complete all sections even if you have already provided us with your resumé. Your present employer will not be contacted for a reference without your consent. Reasonable accommodations will be made for applicants when requested.

NAME: LAST <u>Seema</u> FIRST <u>Crystal</u> MIDDLE <u>D.</u>		TODAY'S DATE <u>5-18-05</u>	
ADDRESSES FOR THE LAST FIVE YEARS (Present address first)		SOCIAL SECURITY NUMBER <u>836 15 0081</u>	
1. STREET <u>28045 Beulah Ch Rd</u>	CITY <u>Opp</u> STATE <u>Al</u> ZIP <u>36467</u>		
2. STREET <u>783 Gopher Ridge Rd</u>	CITY <u>Sumner</u> STATE <u>Al</u> ZIP <u></u>		
3. STREET <u>Northwood</u>	CITY <u>Al</u> STATE <u></u> ZIP <u></u>		
TELEPHONE # <u>334 403-1113</u>		OTHER PHONE <u>334 504-1759</u>	
Are you legally authorized to work in the USA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Should you become employed by Gentiva Health Services, you will be required to provide documentation proving your identity and eligibility to work in the USA.)			
POSITION APPLYING FOR (CLINICAL/CAREGIVER HEALTH CARE APPLICANTS—ALSO SEE SECTION BELOW) <u>LPN</u>		MIN. SALARY REQUIREMENTS <u>W/direct</u>	
HOW WERE YOU REFERRED TO GENTIVA HEALTH SERVICES?		DATE AVAILABLE TO BEGIN WORK <u>3-25-05</u>	
<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> TRADE PUBLICATION <input checked="" type="checkbox"/> EMPLOYMENT AGENCY <u>self</u> <input type="checkbox"/> GENTIVA CORPORATION EMPLOYEE, NAME: _____ WORK LOCATION _____ <input type="checkbox"/> JOB FAIR/OPEN HOUSE; LOCATION _____ <input type="checkbox"/> OTHER REFERRAL SOURCE _____			
EDUCATION			
HIGH SCHOOL NAME <u>North Marion</u> LOCATION <u>Spice Bl</u>	LAST YEAR COMPLETED: <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	DID YOU GRADUATE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COURSE OR MAJOR <u>Diploma</u> DIPLOMA OR DEGREE <u>3.0</u> GPA
COLLEGE NAME <u>LPN McArthur</u> LOCATION <u>Opp, Al</u>	LAST YEAR COMPLETED: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COURSE OR MAJOR <u>LPN License</u> DIPLOMA OR DEGREE <u>3.0</u> GPA
GRADUATE SCHOOL NAME _____ LOCATION _____	LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE OR MAJOR _____ DIPLOMA OR DEGREE _____ GPA
BUSINESS SCHOOL NAME _____ LOCATION _____	LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE OR MAJOR _____ DIPLOMA OR DEGREE _____ GPA
OTHER _____ LOCATION _____	LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DID YOU GRADUATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE OR MAJOR _____ DIPLOMA OR DEGREE _____ GPA

GENTIVA HEALTH SERVICES PROFESSIONAL AND PARAPROFESSIONAL CLINICAL/HEALTH CARE APPLICANTS ONLY			
LICENSE/ CERTIFICATION/ REGISTRATION (Use additional pages as necessary)	LICENSE TYPE <u>LPN</u>	LICENSE / CERTIFICATION / REGISTRATION NO. <u>0-054417</u>	STATE <u>Al</u>
	LICENSE TYPE _____	LICENSE / CERTIFICATION / REGISTRATION NO. _____	STATE _____
	LICENSE TYPE _____	LICENSE / CERTIFICATION / REGISTRATION NO. _____	STATE _____
	LICENSE TYPE _____	LICENSE / CERTIFICATION / REGISTRATION NO. _____	STATE _____
CPR EXPIRATION DATE _____		LAST PHYSICAL EXAM DATE <u>2004</u>	LAST TR / CRR DATE <u>2004 (TD) 12-21-CXR</u>

have to check it

Please check the shift(s) and days of the week you are available to work:

☒ FULL-TIME ☐ PART-TIME PLEASE SPECIFY HOURS: _____ VISITS ONLY
☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

Prior chp/turning

Application for Employment

WORK EXPERIENCE

List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment and what you were doing during that time. Include military experience, summer, part-time jobs and any verifiable work performed on a voluntary basis. (Attach additional sheets if necessary.)

COMPANY NAME (PRESENT OR MOST RECENT EMPLOYER)

EMPLOYMENT DATES:

NHS

FROM: MO 6 YR 04 TO: MO 3 YR 05

COMPANY ADDRESS

119 N. Buik Ave App. AL

TITLE

Charge Nurse

SALARY

HRLY \$12.65 ANNUALLY

DESCRIBE YOUR MOST RECENT JOB DUTIES AND ACCOMPLISHMENTS.

Patient Care, Med orders, NMRs, treatments, TAR's, churning, etc.

NAME OF CURRENT SUPERVISOR

Arlene Porterson DNP

TELEPHONE NO.

403-4558

MAY WE CONTACT?

☒ YES ☐ NO—IF NO, WHY NOT?

EXPLAIN REASON FOR LEAVING

Wanted me to join student transfer

ARE YOUR EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME?

☒ NO ☐ YES—IF YES, WHAT NAME?

COMPANY NAME (PRESENT OR MOST RECENT EMPLOYER)

UNL Student

EMPLOYMENT DATES:

FROM: MO 8 YR 02 TO: MO 6 YR 01

COMPANY ADDRESS

UNL

TITLE

RN Student

SALARY

HRLY \$ ANNUALLY

DESCRIBE YOUR MOST RECENT JOB DUTIES AND ACCOMPLISHMENTS.

Classroom Studies, Hospital Clinicals (Med Surg, ICU, ER, etc.)

NAME OF CURRENT SUPERVISOR

Margie Guley RN

TELEPHONE NO.

403-3573

ARE YOUR EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME?

☒ NO ☐ YES—IF YES, WHAT NAME?

EXPLAIN REASON FOR LEAVING

Graduated

COMPANY NAME (PRESENT OR MOST RECENT EMPLOYER)

Tom Thumb Store

EMPLOYMENT DATES:

FROM: MO 10 YR 01 TO: MO 7 YR 02

COMPANY ADDRESS

1501 E 5th Ave Florida, AL

TITLE

Cashier/Clerk

SALARY

HRLY \$6.75 ANNUALLY

DESCRIBE YOUR MOST RECENT JOB DUTIES AND ACCOMPLISHMENTS.

Cashier, stock, orders, inventory, cleaning, etc.

NAME OF CURRENT SUPERVISOR

Deane Cox Mgr

TELEPHONE NO.

858 3327

ARE YOUR EMPLOYMENT RECORDS LISTED UNDER ANOTHER NAME?

☒ NO ☐ YES—IF YES, WHAT NAME?

EXPLAIN REASON FOR LEAVING

Return to school full-time

Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.

Previous clinical experience - See Resume

REFERENCES

Please list three managers whom you have reported to directly. Personal references will not be accepted.

NAME

COMPANY

TITLE

TELEPHONE NO.

John Stewart RN, MEd

UNL

Instructor, RN

403-3573 / 403-3120

NAME

COMPANY

TITLE

TELEPHONE NO.

Margie Guley

UNL

RN

403-3573

NAME

COMPANY

TITLE

TELEPHONE NO.

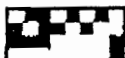
Dr. Bob Williams

MD

MD

403-7930

Please be sure to read and sign the Acknowledgement on the back page of the application.



GENTIVA HEALTH SERVICES

46305

Background Request & Release Form

I certify that the following information is true and correct to the best of my knowledge. I understand that falsification of information or misinformation herein may result in my discharge at any time. I hereby authorize and have been informed by Gentiva Health Services ("the Company") that a criminal background and/or OIG sanction report/GSA exclusion checks will be conducted as a condition of my employment. I understand and agree that should I be hired, the Company, from time to time in its sole discretion, may request subsequent criminal background and/or OIG sanction report/GSA exclusion checks without further notification. I further understand that I am obligated to notify the Company of any criminal convictions, sanctions, or exclusions that occur during my employment with the Company.

Signed Cynthia Serman, LPA Date 3-18-07

Have you ever been convicted of or pled guilty to any criminal offense, including a traffic infraction, at the misdemeanor or felony level or have sanctions or exclusions been imposed by the Office of Inspector General or General Services Administration? If Yes, provide details including date, location of court, charge(s) and disposition(s): Yes ☐ No ☒

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

C R I S T A L

Middle Name

D E A N D R E A

Last Name

S E R M A N

Previous Legal Name If Changed Within The Last 7 Years

Current Street Address (Also Fill In Previous Address If You've Lived @ Current Address Less Than One Year)

28040 BELLAIR CH RD

City

OPP

State

AL

ZIP

36467

Social Security Number

236 - 15 - 0086

Date of Birth (month-day-year)

03 - 09 - 70

(For Verification Purposes Only.)

Previous Address...List Only If You've Lived @ Current Address Less Than One Year

City

State

ZIP

REQUESTER MUST COMPLETE THIS SECTION INCLUDING TYPE OF SEARCH

Requester's Name

Pinkerton Account #

2 1 4 9 2 1

GHS Cost Center #

Voice Phone Number

Ext

FAX Phone Number

Criminal Background (Felony & All Misdemeanors) & DHHS/OIG & GSA-> ☒
DHHS/OIG & GSA Only-> ☐

PINKERTON

FAX to the Information Center at 800-699-4874

For assistance, CALL Customer Service at 800-403-4750

It is the policy of Horizon Health Network to provide employment opportunities without regard to race, color, religion, sex, national origin, age or disability. This application is to be active for a period of one year only. Any application submitted incomplete will not be considered for available positions.



Post Office Drawer 6867
Dothan, AL 36302



EMPLOYMENT APPLICATION

Position Applying For: LPN

Office Location(s): APP

DATE: 3-17-05

NAME: Cynthia Seaman SOCIAL SECURITY # 236-15-0006

CURRENT ADDRESS: 28045 Bridle Church APP AL 36467
Street City State Zip code

TELEPHONE: (334) 493-1113 (home) (334) 504-1759 (cell)

If you have lived at the above address for less than 12 months, list your previous address:

NA
Street City State Zip Code

Are you at least 18 years old: YES NO (CIRCLE ONE)

Do you have adequate means of transportation to get to work on time each day and when called in on short notice if placed "on call"? YES NO (CIRCLE ONE)

Have you been convicted of any criminal offense other than traffic violations within the past seven years? YES NO (CIRCLE ONE)

Have you been confined following a conviction for any criminal offense within the last seven years? YES NO (CIRCLE ONE)

Have you ever been sanctioned by any governmental payor (such as Medicare, Medicaid, or Champus)? YES NO (CIRCLE ONE)

If your response to any of the preceding three questions was: "YES", give the date, place, and nature to each action, conviction or pending charge. (The existence of a conviction will not necessarily preclude you from employment: The nature of the crime and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the time or release from confinement will be considered.)

NA

Have any disciplinary actions or investigation been initiated or are any pending against you by any state licensure board YES ☒ NO (CIRCLE ONE)

Has your license to practice in any state ever been challenged, denied, limited, suspended, revoked, voluntarily or involuntarily relinquished? YES ☒ NO (CIRCLE ONE)


If the answer to either of the above questions is "yes" please provide full explanation of the details on a separate sheet and attach.


EMPLOYMENT HISTORY

List all previous employers for whom you have worked in the last ten years. (List in order, last or present employer first. Attach an extra sheet if necessary.) Please indicate full name used at time of hire and at time of termination at each place of employment.

1)	Employer Name: <u>NHS</u>	Phone: <u>493-4558</u>
	Employer Address: <u>115 W. Buick Ave App, Al</u>	<u>36467</u>
	Name used during employment: <u>Crystal Seaman</u>	Date(From-To): <u>6-7-04/3-11-05</u>
	Rate of Pay (Start/Finish): <u>\$12.15 hr / \$12.65 hr</u>	Supervisor Name & Title: <u>Arly Peterson RN</u>
	Reason for leaving: <u>Wanted me to have students / Transfer</u>	
	State position held and describe work you did: <u>Charge Nurse</u> <u>Full pass, MARs, tx, T&S, charts, phone</u>	
2)	Employer Name: <u>LBW McArthur (Student)</u>	Phone: <u>493-3573</u>
	Employer Address: <u>App, Al</u>	
	Name used during employment: <u>Crystal Seaman</u>	Date(From-To): <u>3-12-04-04</u>
	Rate of Pay (Start/Finish): <u>Guaranteed</u>	Supervisor Name & Title: <u>Monica Cusley, RN</u>
	Reason for leaving: <u>Guaranteed</u>	
	State position held and describe work you did: <u>Student</u> <u>Classroom Studies / Hospital Clinicals</u>	
3)	Employer Name: <u>Tom Thumb Shoes</u>	Phone: <u>858-3327</u>
	Employer Address: <u>1300 E. 5th Ave, Florida, Al</u>	
	Name used during employment: <u>Crystal Seaman</u>	Date(From-To): <u>10-31-01/1-15-02</u>
	Rate of Pay (Start/Finish): <u>\$6.75 hr / \$7.45 hr</u>	Supervisor Name & Title: <u>Doree Cox, Mgr.</u>
	Reason for leaving: <u>Went to school</u>	
	State position held and describe work you did: <u>Cashier / Shoe Clerk</u> <u>Stock, inventory, cashier, cleaning etc.</u>	
4)	Employer Name: <u>Wallace Community College (Student)</u>	Phone: <u></u>
	Employer Address: <u>Dothan, Al</u>	
	Name used during employment: <u>Crystal Seaman</u>	Date(From-To): <u>1-20-01/5-02</u>
	Rate of Pay (Start/Finish): <u></u>	Supervisor Name & Title: <u>Tom Turley</u>
	Reason for leaving: <u>Reluctant</u>	
	State position held and describe work you did: <u>Academy Student</u> <u>Classroom Studies, Hospital Clinicals</u>	

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY HORIZON HEALTH NETWORK, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR HORIZON HEALTH NETWORK WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATION OF HORIZON HEALTH NETWORK.


SIGNATURE


DATE

CONSENT FOR BACKGROUND INVESTIGATIONS

I, Crystal Seaman (applicant name), hereby authorize HORIZON HEALTH NETWORK and/or its agents to make an independent investigation of my background, references, character, past/present employment, education, credit, motor vehicle records, criminal and police report, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and/or obtaining other information which may be material to my qualifications.

I understand that HORIZON HEALTH NETWORK and/or its agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, under the guidelines set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand that the (*optional) information requested below is for the sole purpose of gathering information accurately and positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation.

Crystal DeAnna Seaman
 APPLICANT'S FULL LEGAL NAME (PLEASE PRINT FIRST, MIDDLE, LAST NAME "CLEARLY") COMPLETE ALL INFORMATION

Seaman MAIDEN NAME AND/OR ANY OTHER NEAMES USED NICKNAME

3-9-70 *DATE OF BIRTH F *SEX W *RACE 236-15-0186 SOCIAL SECURITY NUMBER

7079214 DRIVERS LICENSE NUMBER AI STATE OF LICENSE 7-12-07 EXPIRATION DATE

2845 Benish Ch Rd PRESENT ADDRESS AI 36467 CITY/STATE/ZIP 2 yrs HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

783 Ginteridge Rd PRESENT ADDRESS Seaman AI CITY/STATE/ZIP 2 1/2 yrs HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

Northfield AI PRESENT ADDRESS CITY/STATE/ZIP 1 1/2 yrs HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

Star Rt 1 Box 70 FORMER ADDRESS Palatka FL 32177 CITY/STATE/ZIP 11 yrs HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

FORMER ADDRESS CITY/STATE/ZIP HOW LONG THERE?
 (PLEASE LIST SEVEN YEARS OF RESIDENCE)

APPLICANT'S SIGNATURE DATE

WITNESSED: _____